

U.S. EMBASSY TRIPOLI

HEALTH INFORMATION



March 2008

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MEDICAL CONTACT INFORMATION

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CLINICS

Libyan Swiss Clinic	021 360 4104-5
St. James Clinic	021 362 0241-2-3

HOSPITAL

Al Afia Hospital	091-212-6238
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<u>RSO</u>	091-220-3095
<u>ARSO</u>	091-220-3094

<u>POISON CONTROL (USA)</u>	1-800-222-1222
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EMERGENCIES – WHAT TO DO

Call the FSHP at 091-220-3238. Call the RSO/ARSO for medical emergencies requiring transportation at 091-220-3095 / 091-220-3094.

In the event of a daytime medical emergency proceed to **St. James Clinic (TEL# 021 362-0242)** or **Libyan Swiss Clinic (TEL# 021-360-4104)**. Both are private clinics located in Ben Ashour. They are open 0900 – 2100 Sat-Thursday and are closed nights and Fridays. See the attached maps at the back of this booklet.

Al Afia Hospital (private hospital) is open 24/7 and provides emergency care. Al Afia is located 2 km from the airport. See the attached maps at the back of this booklet.

In the event of a life threatening emergency call the RSO/ARSO for transportation. City ambulance service is unreliable and complicated by the fact that there are no street signs or house addresses. Al Afia Hospital and Libyan Swiss Clinic have ambulance service but could be delayed in responding because of length of travel and traffic congestion.

Emergency Medical Evacuation out of Libya

Medical emergencies requiring immediate medical evacuation out of Libya require coordination. In the absence of the FSHP consult with the RMO in Cairo and Post Management Officer. Call International SOS in Geneva to initiate Medical Evacuations at 00-441-22-785-6464. **Emergency medical evacuations MUST be approved by M/MED prior to the Medevac. Call the OP Center at 001-202-647-1512 to obtain approval. Failure to do so could result in personal financial liability.**

Emergency in-country evacuation back to Tripoli and onward to Europe can be arranged by Tripoli Clinic (TEL# 092-509-0238) using Medavia or Libyan Air Ambulance.

Medavia – Mark Iavarone 091-210-8663

Libyan Air Ambulances 091-320-1351, 022-634-032, 021-361- 9681

Welcome to Tripoli!

Your good health and the good health of your family is our shared goal. The Health Unit is here to support you and your family during your tour in Tripoli. This Health Information Booklet provides general health information and outlines the Department of State medical program. Please take a few minutes to familiarize yourself with the information. This booklet should be placed in a convenient place near the telephone and referred to when needed.

The Health Unit is currently located in Room 1056 of the Corinthia Bab Africa Hotel and is open Sunday – Thursday between the hours of 0800 – 1645. Please call 091-220-3238 to schedule an appointment. The Health Unit is staffed by the FSHP, Mary Leiterman.

Patient responsibilities

It is essential that the employees and all family members have a valid medical clearance BEFORE arrival at Post. Individuals are not eligible for the Medical Program without a valid medical clearance.

Patients should hand carry a copy of their Medical Clearance to their next post of assignment along with the hardcopy of their overseas medical record. It could take months to arrive at a new post if it is packed along with household effects.

All patients must check-in with the Health Unit for a health briefing. At the end of tour, all patients must also check out from the Health Unit, collect copies of their medical records and complete any needed end of tour health maintenance testing.

If you receive any out-patient care from local providers, including lab work and x-rays, you are responsible for the bill for out-patient services. Tripoli is a cash only economy.

HEALTH UNIT ACCESS

The Department of State Medical program serves to provide access to health care for USG direct-hire employees assigned overseas and their eligible dependents. All of these employees and eligible dependents must hold a valid medical clearance for this post of assignment in order to have Health Unit access. Services included at this post include treatment for acute illness or injury, preventive health consultations, immunizations, medical clearance examinations, medical referrals and medical evacuation coordination.

Locally employed staff may access the Health Unit for occupational health issues, emergency care and participation in health education programs sponsored by the Health Unit.

Department of State policy limits providing care to any other group of individuals (Fulbright scholars, teachers, visiting guests, dependents over age 21). New 3 FAM revisions allow for only very limited categories of contractors being given access to the Health Unit. These limits on access are based on legal interpretations by the Department of State and not on local Health Unit options.

The Health Unit is not allowed to provide health care to employee's visiting family members or friends. Exceptions to this require written authorization from the Chief of Mission on a one time basis. Visitors to Libya require overseas health care insurance coverage and medical evacuation insurance coverage. Lack of medical evacuation insurance can be extremely costly.

The importance of Medevac insurance for visitors cannot be overstated. The costs associated with medical evacuation can be staggering and includes paying for a chartered plane, medical supplies and a highly trained doctor or nurse. Medical Air Evacuations can cost well over \$50,000.00 USD.

SOS Medevac has been used on a worldwide basis. They can be contacted at:

SOS Worldwide Control Center – Philadelphia, PA
International Phone-215-244-1500
U.S. Phone-1-800-523-8930
www.sosinternational.com

LOCAL MEDICAL FACILITIES

St. James Clinic is a privately owned primary care clinic and diagnostic center. It is run by a medical group based in Malta. The clinic operates during daytime and evening hrs Saturday – Thursday and is closed nights and on Fridays. The primary care provider is a Maltese doctor. In addition, two resident doctors, an ophthalmologist and gynecologist are on staff. Consulting specialists rotate in on a monthly basis and include: orthopaedic surgeon, gastroenterologist, infertility specialist, urologist, pediatrician, ENT, dermatologist and rheumatologist. They have full laboratory facilities, X-ray and ultrasound.

Libyan Swiss Clinic is a privately owned primary care clinic and diagnostic center located directly in front of the new U.S. Embassy villa complex. The clinic operates during daytime and evening hours and is closed on Fridays and nights. There are a number of U.K. trained physicians on staff. They have a full laboratory and full radiology department which includes MRI and spiral CT.

Al Afia Hospital is a private hospital located 2 km from the airport. It owned by a family of physicians who have been trained in the U.K. The hospital is open 24/7 and provides a full range of services including surgery, OB/GYN, pediatrics and emergency care. They have full radiology and laboratory services.

Dental Facilities

St. James Dental Clinic is staffed by local (vetted) and visiting dentists. The equipment is modern and sterilized according to western standards.

MEDICAL EVACUATION

The official medical evacuation ('medevac') point for Tripoli is London. Travel for medical evacuation to London or in some cases Malta is authorized by the FSHP in Tripoli or the RMO in Cairo in her absence.

Employees and their eligible dependents with valid medical clearances who require medical care that is not available at post can be recommended for Medevac travel and per diem to the nearest facility with suitable medical care. A Medevac is only authorized if such evaluation or treatment cannot be postponed until home leave or R&R travel and such a delay can reasonably be expected to result in a worsening of the medical condition.

Those who elect to travel to a Medevac site other than London may do so on a cost constructive basis but only with the approval of MED (the traveler pays the difference in transportation fees and per diem in London). Medical per diem can, under certain circumstances, be authorized for those on R&R or other official travel, but not for home leave, personal or transfer travel.

Occasionally, a person may require travel to the USA for evaluation or care. This is only authorized by Foreign Programs in the Office of Medical Services (MED/FP). Foreign Programs is the point of coordination between the attending physicians, the patient, MED and post. Upon arrival to the USA, the patient must contact Foreign Programs at 202-663-1662 and remain in close contact while on Medevac. Foreign Programs will make decisions concerning reinstatement of a traveler's medical clearance after evaluation or treatment is completed. Keep in mind that a medical clearance is forfeited when a person is on medical evacuation in the USA and MUST be re-issued in order to return to post with a valid clearance. Failure to do so will result in loss of all benefits of the Medical Program.

Military personnel travel to Ramstein and Landstuhl, Germany. This requires approval from TRICARE Global Remote Overseas (TGRO).

Some medical and surgical conditions prevent immediate travel. In the event of conditions such as appendicitis, ectopic pregnancy, shock, or heart attack, local hospitalization and stabilization would be required before medical travel would be possible.

Medical Evacuation - Continued

OBSTETRICAL EVACUATION

Medical evacuation to the USA for pregnancy is strongly advised. Up to ninety days total of per diem can be authorized for this benefit, which is generally 6 weeks prior to delivery and 6 weeks after delivery. Those who elect not to deliver in the USA should contact the Health Unit or MED since some restrictions may apply to the amount of authorized travel funds and per diem. Also, a waiver of Department of State liability is required if you elect to have delivery outside of the USA.

DENTEVAC

Dental emergencies occurring overseas in areas with inadequate or limited dental facilities may require medical travel for urgent dental care. There are limitations to this travel listed in the **3 FAM 1900** regulations. Dental travel ('dentevac') requires authorization by the FSHP or RMO. It is a much more limited benefit than medical evacuation with a maximum of three days of per diem, regardless of the length of care required. Individuals are urged to have preventive dental care and corrective treatment done **AND COMPLETED** before arrival in Tripoli. The official dental evacuation post is London. Care done at other sites, including the USA, will be on a cost constructive basis.

WALKING BLOOD BANK

The 'Walking Blood Bank' is a record of the blood type of everyone at post. It is used to find type-specific blood donors for the sick and injured at the post who may require a blood transfusion. The list is used to notify those with the same blood type that there is a need for that blood type. Donation is voluntary. Donors are screened to insure that they are healthy and able to donate blood at the time.

MEDICATIONS

Anyone taking medications on a routine basis, including over the counter medications should bring a year supply to Post and plan well in advance for replacement before that supply runs out. The Health Unit has a very limited supply of medications for acute illnesses and does not provide medications for long term use. It is the responsibility of the individual or parents to plan for medication renewal.

For persons taking medications on a long term basis it is recommended that they use a mail order pharmacy in the U.S. Prescriptions can be faxed from the Health Unit to your pharmacy upon request. These normally take 3-4 weeks to arrive through the pouch. Some insurance plans will only dispense a 3 month supply of medications; others will provide a 12 month supply for those working overseas. Monitor your supply of medication closely to allow adequate time for refills.

Some medications may be available locally but keep in mind that while some similar products may be available locally, it is often not the exact same product. Many over the counter products sold in other countries contain different ingredients even if they have the same or similar names to American products. Some contain ingredients that are not approved in the USA or have been taken off the market in the USA. Some very common over the counter American medications simply do not exist here.

There is an increasing problem of counterfeit drugs particularly in developing countries. It is estimated that between 25% and 50% of drugs in some developing countries are fake. Sub-Saharan Africa has been hardest hit by this problem but it exists in many parts of the world.

Many of the counterfeit drugs are made of harmless inert ingredients such as chalk or lactose while some have inadequate amounts of active ingredients. In some cases dangerous chemicals have been used resulting in death or serious injury such as kidney damage.

PHARMACIES IN TRIPOLI

St. James Clinic
Libyan Swiss Clinic
Al Menshia Pharmacy

021-362-0242
021-361-9692
021-360-9267



ORDERING MEDICATIONS FROM THE USA

The Health Unit can assist you with ordering medications from the USA through your health insurance prescription plans. Most plans have a contract mail-order pharmacy that can mail a 90-day to one-year supply of prescription medications via the diplomatic pouch. The allowable quantity varies by insurance plan. Remember that it can take up to 6 weeks to receive your medications via the pouch so plan ahead.

Over the counter medications and medications not covered by prescription plans can be purchased through a number of pharmacies in the USA. Another option used by many in the Foreign Service is the CVS Pharmacy at 2125 E Street in Washington, DC. They will ship by pouch using a faxed or mailed prescription if accompanied by credit card billing information.

Phone: 202-338-6337
Fax: 202-625-6621
Mail: CVS pharmacy #1358
2125 E. St., NW
Washington, DC 20037-2988

Many websites exist for ordering over the counter products. They can also be used for prescription products. A few of these include:

<http://www.cvs.com> (CVS pharmacies)
<http://www.walmart.com> (Wal-Mart)
<http://www.walgreen.com> (Walgreen Pharmacies)

VACCINATIONS

Your children should come to post up to date on their basic childhood immunizations. Additional information concerning vaccinations can be found at www.travax.com, user statedept, password 4re\$ted. The current vaccination table from the Centers for Disease Control and Prevention are included below:

Recommended Immunization Schedule for Persons Aged 0–6 Years—UNITED STATES • 2008
For those who fall behind or start late, see the catch-up schedule

Vaccine ▼	Age ►	Birth	1 month	2 months	4 months	6 months	12 months	15 months	18 months	19–23 months	2–3 years	4–6 years
Hepatitis B ¹		HepB	HepB	<small>see footnote 1</small>			HepB					
Rotavirus ²			Rota	Rota	Rota							
Diphtheria, Tetanus, Pertussis ³			DTaP	DTaP	DTaP	<small>see footnote 3</small>	DTaP					DTaP
<i>Haemophilus influenzae</i> type b ⁴			Hib	Hib	Hib ⁴		Hib					
Pneumococcal ⁵			PCV	PCV	PCV		PCV				PPV	
Inactivated Poliovirus			IPV	IPV		IPV						IPV
Influenza ⁶							Influenza (Yearly)					
Measles, Mumps, Rubella ⁷							MMR					MMR
Varicella ⁸							Varicella					Varicella
Hepatitis A ⁹							HepA (2 doses)				HepA Series	
Meningococcal ¹⁰											MCV4	

Range of recommended ages
Certain high-risk groups

In addition to the basic pediatric series, the following vaccines are recommended:

- Two document doses of MMR (measles, mumps, rubella) for all people over the age of 4 years
- Tetanus booster within the past 10 years
- Polio booster within the past 10 years
- Typhoid vaccine within the last 2 years
- Rabies vaccine (3 doses)
- Hepatitis A vaccine (2 doses)
- Hepatitis B vaccine (3 doses)
- Varicella vaccine (chickenpox) for anyone who has not had chickenpox
- Influenza vaccine annually.

FLUORIDE SUPPLEMENTS

Adequate fluoride for children ages 6 months – 16 years is extremely important in the prevention of cavities. In children under the age of six this is especially true because the fluoride becomes incorporated into the developing permanent teeth making them less prone to cavity formation.

Here in Tripoli, the Embassy community is advised to use their home distiller to ensure a safe water supply. Steam distillers remove 100% of fluoride content. The American Dental Association has determined that the optimum level of fluoride in water to prevent decay is 0.7 to 1.2 parts per million. To provide your children with optimal cavity prevention protection, fluoride supplements are necessary. Bottled water usually does not contain adequate amounts of fluoride to prevent cavities. Check the label on the bottles or contact the manufacturer for information on fluoride content.

Fluoride supplements are safe and effective when used properly. The dose of fluoride supplements are based on age or weight. Keep in mind that fluoride can be dangerous when ingested at high doses and too much fluoride can cause permanent staining of the teeth. Parents should monitor the use of toothpaste or other products containing fluoride in small children especially when they are receiving fluoride supplements and keep these precautions in mind:

Store fluoride supplements away from young children.

Avoid flavoured toothpastes because these tend to be swallowed by young children.

Use only a pea-sized amount of fluoridated toothpaste on a child's toothbrush.

Be cautious about using fluoridated toothpaste on a child's toothbrush.

Young children are more likely to swallow the toothpaste instead of spitting it out.

Please contact the Health Unit at 091-220-3238 for additional information on fluoride supplements and dosage.

Age	Fluoride Supplement Dosages When Drinking Distilled Water
Birth-6 months	None
6 months-3 years	0.25 mg/day
3-6 years	0.50 mg/day
6-16 years	1.0 mg/day
Approved by the American Dental Association, American Academy of Pediatrics and American Academy of Pediatric Dentists.	

First Aid Kit

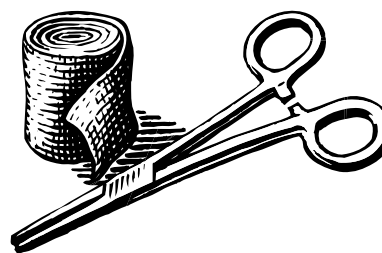
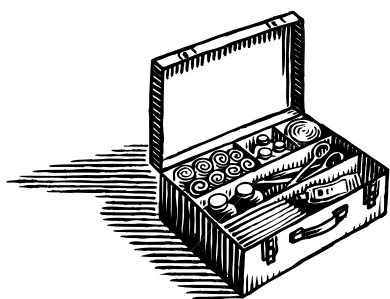
Everyone should have a first aid kit in their home and car. Listed below are items that should be included in a kit.

Equipment – Scissors strong enough to cut clothing, tweezers, pocket knife, penlight and/or flashlight, thermometer and safety pins for slings.

Bandages – Band-Aids, gauze pads, Telfa or other non-adherent dressing material, elastic roller bandages, adhesive tape, large squares of cloth to make a sling, eye patches and latex gloves.

Topical Medications – Sunscreen, lip balm, insect repellent, calamine lotion, 1% hydrocortisone cream, soap or antiseptic cleanser, meat tenderizer (for insect bites), vinegar (for jelly fish bites), sterile water or normal saline to flush wounds or eyes and antibiotic ointment.

Oral Medications – Children's Tylenol, Ibuprofen, Aspirin, antacids, antihistamine/decongestant for fever or colds, Imodium, cough suppressant, anti-motion sickness medication or anti-emetic, oral rehydration salts or Gatorade packets and water and sufficient medication for any chronic illnesses you might have.



Poison

24 Hour Regional Poison Control Number in Washington, DC



1-800-222-1222

Children up to the age of 3 years are at greatest risk for the accidental ingestion of poisons. Because of their new found mobility and natural inclination to explore the world through their mouths, this age group is most likely to get into trouble. Parents with infants and toddlers must exercise extra vigilance in the prevention of poisoning for this age group although older children may also be at risk. There are a few substances for which there are specific antidotes, but nothing is better than prevention.

Please keep the following tips in mind:

1. Keep medications and household products locked up and out of the reach of children. Do not carry medicines in your purse - children are always going through mother's purse.
2. Ask for and use safety lids or closures on containers of medications and other potentially dangerous products. There has been a 55% reduction in deaths from aspirin poisoning since child-proof caps became mandatory.
3. Keep products in their original, labelled containers.
4. Children over three years of age can be taught to identify and avoid containers labelled with a hazardous substance sticker, e.g., Mr. Yuk.
5. Store medications away from foodstuffs.
6. Always refer to medicine including children's vitamins as "medicine" - not as "candy".
7. Use potentially dangerous volatile substances only in well-ventilated areas.
8. Store the Clorox, floor wax, ammonia, etc. up where children cannot get to them - put the corn flakes under the sink, not the poisons!!
9. Do not store anything in unlabelled containers.
10. In homes that are not "childproof", watch your children carefully.

First Aid for Poisoning Victims:

1. Try to remove any remaining poison, e.g., wipe pill fragments off of hands and faces.
2. Call for medical assistance.
3. Take the bottle that contained the poison or pills (along with any undigested pills) to the emergency medical facility with you.

ENVIRONMENTAL HAZARDS

ANIMAL/INSECT BITES

Rabies exists throughout Libya and is carried in feral dogs, foxes, jackals and hyenas. Rabies prophylaxis, a series of three injections, is recommended for Embassy personnel and family members. If bitten by any animal, clean the wound with copious amounts of soap and water. Contact the Health Unit immediately for post exposure rabies vaccination and/or rabies immune globulin if you have not been immunized.

There are poisonous snakes and scorpions in Libya. Most species of snake and scorpion are only mildly poisonous and require little treatment. However, the deeper into the desert you go the more poisonous they become.

Among the world's most dangerous scorpions, two are found in Libya: the Fat Tailed Scorpion (*Androctonus australis*) which has a thick tail and gold color and the Israeli Gold Scorpion, also gold in color. They are found in dry habitats, stony soils, cactus hedges, mountainous ranges and steep slopes of drifting sand. The scorpions hide under stones, in natural crevices and walls made of stone or brick. Scorpions are not found in the humid coastal area. Scorpions are nocturnal and hide during sunlight. It is purported that scorpions can sting after death so do not touch them dead or alive. Even these deadly scorpions cause fatalities in only 2% of the cases with children being the most vulnerable because of their smaller size relative to the venom.



SNAKE AND INSECT BITES

To Protect Yourself from Snake and Insect Bites When in the Desert:

- Shake shoes upside down and away from you before putting them on.
- Do not step over logs without looking on the other side first. Always step on the top of the log prior to stepping down (most common cause of snake bite).
- Do not overturn rocks or reach into dark holes.
- Shake out sleeping bags completely prior to getting in.
- Keep tents completely zipped at all times.

First Aid for Scorpion Sting

- Disinfect the wound with soap, water and disinfectant (do not use alcohol as it may cause vascular constriction).
- Give analgesic such as Tylenol, Ibuprofen, Aspirin (**do not give aspirin to children**).
- Give tranquilizer for anxiety if needed.
- Decrease body temperature by physical means such as ice packs.
- Immobilize the stung limb (strict immobilization).
- Seek medical care immediately. Observation may be all that is necessary but if a systemic reaction occurs resuscitation may be necessary. Call the Health Unit immediately for consultation once you arrive at the hospital.

DO NOT allow the hospital to administer local anesthetic, cortico-steroid therapy or antihistamines (may aggravate low blood volume).

First Aid for Snake Bite

- Wash the bite with soap and water.
- Immobilize the bitten area and keep it lower than the heart.
- Cover the area with a clean, cool compress or a moist dressing to minimize discomfort.
- Apply Adolph's or McCormacks Meat Tenderizer to the bite to denature the protein in the venom. The Meat Tenderizer may also be used on bee, wasp, jelly fish and scorpion bites.

DO NOT cut the area, suck out the venom, drink alcohol or take opiates.

Sand flies are a problem in some rural areas in Libya. Sporadic cases have been reported from rural villages in the northwest, in the semi-arid area extending from Tripoli to the Tunisian border and from the coast to the plateau of Jebel Nefusa. No cases have been reported in Tripoli. Visceral leishmaniasis has been reported in Benghazi region and the north-eastern coastal areas. Sand flies are usually found around dogs. They are small flies that bite and cause Leishmaniasis. This causes a sore that does not heal and leads to scarring. It is difficult to treat and requires a medication available from CDC. To protect yourself wear insect repellent that is specifically for sand flies and avoid dogs.

Ecchinococcus is a tape worm present in dogs that eat the remains of sheep. It is spread by infected dogs' feces which dries and contaminates low growing fruits and vegetables. Ecchinococcus is not the problem it once was in Libya although 10% of children in Benghazi are purported to be infected.

Hand washing after touching produce and properly disinfecting your fruits and vegetables is the most effective means of protection against this disease. There is no effective medicine to treat ecchinococcus. The worms form a cyst on the liver that is difficult to detect except by ultrasound and very difficult to remove surgically.

Ticks carry a variety of diseases. If you find a tick or tick bite consult with the Health Unit and report when you were bitten and where on your body you were bitten.

FIRST AID FOR TICK BITES

- Remove the tick preferably using tweezers.
- Protect your fingers with some barrier so that the juices do not get on your skin. Grasp the tick at the base and pull toward the head and away from the belly.
- Do not twist burn or do anything to the tick that would cause the head to separate and remain inside the skin.

Boutonneuse fever or Mediterranean tick fever occurs primarily in coastal areas. It is contracted from dog ticks, often in suburban areas. Boutonneuse fever presents as a mild to severe febrile illness of a few days to two weeks. There maybe a scabbed lesion at the site of the bite. A generalized rash appears on the 4th to 5th day involving palms and soles of the feet lasting 6-7 days. If treated with antibiotics the fever lasts only 2 days.

Brucellosis is a bacteria that can be contracted through raw goat/sheep milk and unpasteurized soft cheeses or contact with infected tissues. Brucellosis presents with an intermittent fever, headache, weakness, sweating, chills, muscle aches, depression, weight loss and generalized aching. It can also cause acute arthritis, genital infection and endocarditis. It is treated with antibiotics. The incubation period can vary from 5 days to 2 months.

Jellyfish are becoming an increasing problem in the Mediterranean. If stung by a jellyfish place vinegar compresses on the area to denature the poison. Vinegar can also be use on other sea creature stings such as the sea anenome spines. Always carry vinegar with you when travelling to the beach.

Toxoplasmosis is caused by the [protozoan](#) parasite *Toxoplasma gondii*. In the United States it is estimated that 22.5% of the population 12 years and older have been infected with *Toxoplasma*; in Libya the infection rate is estimated to be 52%. Toxoplasmosis is found through the world and infection is often highest in areas of the world that have hot, humid climates and lower altitudes. Despite the large number of persons infected with toxoplasmosis very few have symptoms because the immune system usually keeps the parasite from causing illness. However, women newly infected with *Toxoplasma* during pregnancy and anyone with a compromised immune system should be aware that toxoplasmosis can have severe consequences for them. People can become infected by three routes: food borne, animal-to-human, and mother-to-child. Protect yourself and your family by following these precautions:

- Cook food to 150 degrees F.
- Wash hand thoroughly before eating and after handling raw meat or touching dirt.
- Wipe off counters, knives and cooking utensils with a bleach solution after pre
- Wash fruits and vegetables with bleach solution before eating.
- Feed cats dry food and discourage hunting.
- Dispose of cat litter daily and scald litter pans (pregnant women should not handle cat litter/feces).
- Sandboxes should be covered when not in use.

FOOD AND WATER-BORNE ILLNESSES

Hand washing is the first line of defense in preventing food and water-borne illnesses. **It has been estimated that proper hand-washing could eliminate close to half of all cases of food borne illness.** Hand sanitizer is convenient and effective when eating out or travelling and access to soap and water is limited.

Wash your hands often-- with soap and warm water. Rub your hands vigorously together and scrub all surfaces. Wash for at least 20 seconds. (Tip: have your children sing the “Happy Birthday” song twice while washing.) It is the soap combined with the scrubbing action that helps dislodge and remove germs. Use regular soap. Antibacterial soap is not necessary.

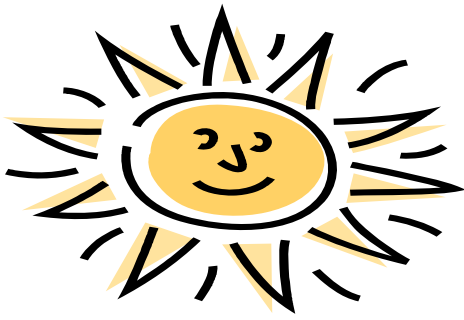
Fruits and vegetables may be contaminated with disease causing bacteria, viruses or parasites as well as pesticides. Exposure to these agents can be decreased by scrubbing all produce with a brush and washing with tap water to remove all visible dirt followed by then soaking the produce in a disinfecting solution.

Soak the food items for 20 minutes in a diluted bleach solution that is made by adding a tablespoon of bleach to a gallon of water. The fruits and vegetables must then be rinsed in potable water. It is advisable to wash fruits and vegetables prior to putting them in the refrigerator to avoid eating unwashed food.

Poultry and eggs can carry salmonella and campylobacter. There are several strains of salmonella, one of which cause typhoid fever. Hands should be washed thoroughly with soap and water after handling any uncooked eggs. Eggs should be washed in the same manner as fruits and vegetables.

Eat only pasteurized dairy products. Remember that mayonnaise contains eggs; buy only pasteurized mayonnaise.

Counter tops, cutting boards and knives and other utensils should always be cleaned with a weak bleach solution after preparing uncooked meats and poultry.



Sun Precautions

- The sun in Libya, particularly in the summer, can be brutally hot. Stay well hydrated, protect yourself from the sun and follow these recommendations:
- When possible, avoid outdoor activities during the hours between 10AM and 4PM, when the sun's rays are the strongest.
- Always wear a broad-spectrum (protection against both UVA and UVB) sunscreen with a Sun Protection Factor (SPF) of 15 or higher.
- Be sure to reapply sunscreen frequently, especially after swimming, perspiring heavily or drying off with a towel.
- Wear a hat with a 4-inch brim all around because it protects areas often exposed to the sun, such as the neck, ears, eyes, forehead, nose and scalp.
- Wear clothing to protect as much skin as possible. Long sleeved shirts, long pants, or long skirts are the most protective. Dark colors provide more protection than light colors by preventing more UV rays from reaching your skin. A tightly woven fabric provides greater protection than loosely woven fabric.
- To protect your eyes from sun damage, wear sunglasses that block 99 to 100 percent of UVA and UVB radiation.
- Consider wearing cosmetics and lip protectors with an SPF of at least 15 to protect your skin year-round.
- Swimmers should remember to regularly reapply sunscreen. UV rays reflect off water and sand, increasing the intensity of UV radiation and making sun protection especially important.
- Some medications, such as antibiotics, can increase your skin's sensitivity to the sun. Ask your doctor or pharmacist about the medicines you take and learn more about extra precautions.
- Children need extra protection from the sun. One or two blistering sunburns before the age of 18 dramatically increase the risk of skin cancer. Encourage children to play in the shade, wear protective clothing and apply sunscreen.

MENTAL HEALTH SERVICES

- The psychological well-being of Foreign Service Officers and their families is an important aspect of the support and concern of the Office of Medical Services.
- As part of the State Department's Medical Services Program, there are ten (10) Regional Medical Officer Psychiatrists (RMO/P) serving overseas regions. These medical doctors offer psychological services within their geographic areas to all employees and their family members for individual, couple (marital), and family counselling sessions. Consultations for dependent children in various school settings can be arranged to facilitate the evaluation of learning disabilities and educational behavioural problems. Their intervention and guidance in problems involving alcoholism and substance abuse should be sought in order to access appropriate treatment facilities available in the U.S.
- While there may be various mental health counselling services and therapists in many areas overseas, a great deal of caution should be exercised in choosing such an alternative. It is best to contact the Health Unit at your post or the RMO/P directly for suggestions and recommendation to local practitioners.
- In instances where an emotional crisis is evidenced by the inability of an individual to function psychologically, it may be determined by the medical personnel at post, in consultation with the RMO/P, that a medical evacuation is necessary to the United States (usually in the Washington, D.C. area). These circumstances and procedures follow the guidelines outlined in other medical evacuations and result in the annulment of medical clearances until the psychiatric consultations and further evaluations are completed to ascertain the desirability for return to the overseas assignment or environment.
- Living and adapting to overseas living presents unique challenges which may be compounded by new work situations, separation from friends and family and changing support systems. While most persons adapt and adjust to overseas living, a few may find their coping methods may be overwhelmed to the point of requiring some therapeutic intervention. Recognizing the symptoms of culture shock, stress and depression better equip you and your family members to cope through behaviour modification techniques and/or consultation with the FSHP, RMO or RMO/P. See the following pages for additional information.

CULTURE SHOCK

- Many people assigned overseas are surprised and dismayed to discover that the effects of cultural differences can result in feelings of disorientation that range from subtle symptoms to more alarming levels of reaction. These responses may be evident in employees and their dependents regardless of the number of previous overseas tours and despite their obvious positive anticipation for working and living in a foreign country.
- Vague feelings of being lost in a strange environment.
- Feelings of frustration and anxiety within 6 months after arrival.
- Feelings of overwhelming need to isolate oneself from the environment or setting of assignment.
- Experiencing feelings of hostility and aggressiveness towards the host country and its culture.
- Rejection of host country's cultural values, beliefs and assumptions while comparing them unfavourably to that of the American way of life.
- Many of these vague feelings or responses are a normal reaction to a new and different way of life and working situation. These feelings may temporarily interfere with one's development of a healthier situation. Often people are encouraged to participate in cross cultural orientation programs specifically focused in adjustment for that particular assignment.

STRESS REACTIONS

- Temporary indications that one may be experiencing undue stress are:
- Feelings of anxiety, worry, guilt or nervousness
- Increased anger, frustration and irritability
- Moodiness
- Depression
- Increased and decreased appetite
- Racing thoughts
- Nightmares
- Problems concentrating
- Trouble learning new information
- Forgetfulness
- Overreaction to small things
- When stress does occur, it is important to recognize and deal with it by either developing a change in physical activities (exercise), relaxation techniques or seeking opportunities for sharing one's stress with friends or professionals.

DEPRESSION

- Individuals may manifest transient responses to the adjustments of living and working in a foreign environment or to real external losses by 'feeling blue' or 'down in the dumps'. However, it is necessary to recognize those situations in which a more serious condition, clinical depression, occurs. People who have major clinical depressive disorders have a number of symptoms nearly everyday, all day, for at least 2 weeks or more. The symptoms associated with this condition always include at least one of the following:
 - Loss of interest in things they used to enjoy
 - Feeling sad, blue or down in the dumps
 - They will also have at least three of the following symptoms:
 - Feeling slowed down or restless and unable to sit still
 - Feeling worthless or guilty
 - Increase or decrease in appetite or weight
 - Thoughts of death or suicide
 - Problems concentrating, thinking, remembering or making decisions.
 - Trouble sleeping or sleeping too much
 - Loss of energy or feeling tired all the time.
 - With depression, there are often other physical or psychological symptoms, including:
 - Headaches
 - Other aches and pains
 - Digestive problems
 - Feeling pessimistic or hopeless
 - Being anxious or worried
 - Sexual problems
- Too often the symptoms of depression are not recognized as such and this often delays referral to the treatments that are available. Depression is treatable and successful intervention can save lives. **Seek advice early!**

DEPARTMENT OF STATE ALCOHOL AND DRUG AWARENESS PROGRAM

- The Department of State and other Government agencies administer the Alcohol and Drug Awareness Program (ADAP). ADAP is designed to offer career protection to individuals while providing rehabilitation. This voluntary program has stringent guidelines to **maintain strict confidentiality.**
- Workplace supervisors play an important role as they are in a position to detect and document declines in work performance. If during discussions of work performance the employee volunteers information regarding alcohol or drug abuse the supervisor is obligated to keep the information absolutely confidential.
- Medical Officers adhere to strict confidentiality. Medical records regarding substance abuse are kept in separate files marked "Confidential Patient Information". Limited information may be released with patient consent for medical diagnosis and treatment for purposes of obtaining Government benefits to a patient's attorney and for employment purposes. Information may be released without consent only in a medical emergency or if a court order is issued. Medical Officers are specifically prevented from disclosing information to law enforcement agents.
- The Medical Officer arranges medical evacuation for substance abuse via MED CHANNEL cables, secure phone or fax. Individuals with substance abuse are medically evacuated to Washington D.C. for treatment. Before returning to work, employees must have their clearance renewed. The clearance renewal requires significant progress toward complete rehabilitation.
- Twenty questions concerning whether you have a problem with alcohol. Answer YES or NO.
 - Are you drinking more now than last year?
 - Have you missed time from work because of drinking?
 - Have you tried to control your drinking by switching from one alcoholic beverage to another?
 - Do you ever drink alone?
 - Do you want a drink "the morning after"?
 - Have you ever had a "blackout" (loss of memory) during your drinking?
 - Has drinking caused problems in your home life?
 - Are you resentful if someone asks about your drinking?
 - Do you drink to escape worries or troubles?
 - Do you feel guilty or remorseful after drinking?
 - Have you had financial problems because of your drinking?
 - Do you envy people who drink without getting into trouble?
 - Do you drink to build up confidence?
 - Have you failed to keep the promises you have made to your self about controlling or cutting down on your drinking?
 - Do you tend to get extra drinks at a party because you did not get enough?
 - Has drinking caused you to have difficulties sleeping?
 - Do you crave a drink at a definite time of day?
 - Do you ever take a drink to fortify yourself before facing an unpleasant situation?
 - Do you ever drink more at a party than you intended or expected?
 - Have you ever felt you could do more with your life if you did not drink?

If you answer yes to more than three questions you have strong alcoholic tendencies or may already be dealing with the problems of alcoholism.

FAMILY ADVOCACY PROGRAM

- Family advocacy policies have been created to protect the physical and mental well being of U.S. citizen employees and their spouses, children and families stationed abroad. These policies (3 FAM 1810) are found in the Foreign Service Act of 1980 and the Child Abuse Act of 1990. The Deputy Chief of Mission is generally the Family Advocacy Officer. He or she works with the Regional Security Officer (RSO) and the Foreign Service Health Practitioner (FSHP) to make an initial assessment and promptly notify the Department of State in Washington, D.C. as needed.
- All U.S.G. employees are obligated to report incidents of suspected child abuse. Failure to report may be determined to be a criminal violation. Good faith reporting is immune from civil and criminal liability. Spousal abuse should also be reported to the Family Advocacy Officer.
- Abuse is defined as physical or mental injury, sexual or labor exploitation or negligence. Negligence is the failure to provide adequate food, clothing, shelter or treatment of medical problems. This does not include discipline that is administered in a reasonable and moderate manner.
- Concerns about inadequate parenting may also be raised with the Family Advocacy Officer. This term refers to failure to provide adequate education, health, nutrition and supervision. Parents are responsible for the child's behaviour in public. Young children should only be left with responsible care givers. A power of attorney should be left with those caring for your child. A power of attorney is needed for them to have the authority to permit emergency medical treatment for your child.
- At the end of the investigation, the Family Advocacy Team at the Department of State may declare that there is no reason to believe that there is or has been domestic abuse or neglect. In situations in which further substantiation of allegations is necessary, medical evacuation of an individual or repatriation of the family may be required. Cases may eventually be referred to the Office of the Attorney General for prosecution if warranted.

MEDICAL – SURGICAL CONSENT AUTHORIZATION FOR CHILDREN

Parents or guardian planning to be out of town should submit a letter authorizing medical and surgical care for dependents to the Health Unit prior to departure. In an emergency, the absence of authorization could complicate and delay treatment of the child.

In addition to a copy of the form below, the caretaker should have the WHO immunization card and the child's passport. Written authorization for each child should be made in duplicate, one copy to the Health Unit and one to the caretaker.

I, _____, authorize _____
Name parent/guardian Caretaker name

to provide consent to any medical care including diagnostic tests, surgery or immunizations at the Health Unit/medical office/dental office, laboratory clinic or hospital deemed necessary
for my dependent _____

Name of child under 18 years
during my absence from Post or if I am unable to give consent.

Authorized Date of Care: From _____ to _____
Name of Dependent Child: (printed) _____
Name of Parent/Guardian: (printed) _____
Signature of Parent/Guardian: _____
Signature of Witness: _____
Date: _____

Copies to: 1) Parent/Guardian
2) Caretaker
3) Health Unit

Fahrenheit – Celsius Conversion Chart

F	C
105	40.6
104	40.0
103	39.4
102	38.9
101	38.3
100	37.8
99	37.2
98	36.7
97	36.1
96	35.6

HEALTH UNIT RECOMMENDED CLINICS & HOSPITAL

HOTEL-01: SAINT JAMES HEALTH CLINIC

HOURS: Closed after 9pm Saturday through Thursday and all day Friday

Neighborhood: Wesait Ebdery

Telephone: (0)21-362-0242

GPS Coordinates: Military Grid Reference System (MGRS):

N032° 52' 55" 33S US 32635

E013° 12' 39" 39632

Police dept. Ph. #Fire dept. Ph. #Ambulance Ph. #193190191

Directions from U. S. Embassy Chancery at the Corinthia Bab Africa Hotel (ECHO-01) to Saint James Clinic (HOTEL-01)

- Turn Left (North) onto the Corinthia Hotel Road continuing into the first traffic circle (the Diving Club circle).
- Exit the traffic circle via the FIRST (1st) exit (via simply bearing to the right) and continue into the next circle (seaport circle with the ocean buoy monument in the center).
- Exit the circle via the FIRST (1st) exit and continue towards the direction of Green Square with the Mediterranean Sea to your left.
- Continue on this "corniche" road (Al-Fatah Road) along the Mediterranean Sea for approximately 3 kilometers.
- You will drive past the American Cemetery located to the right upon a hillside.
- Take right side exit ramp up to the Culture Castle /Observatory bridge circle.
- Take the SECOND (2nd) RIGHT after the castle (this will be first right after the observatory with a purple crown) onto Abusita Street, past the gas station on the left and continue south to the four way traffic light intersection (WP-01). This traffic light is often not working.
- Continue SOUTH on Ben Jabber street;
- Enter the Bab Tajoura traffic circle, exit via the SECOND (2nd) exit and continue SOUTH on Al Hani Road, continuing straight through the next traffic light intersection (Al Hani and cemetery roads) and onward to Ras Hasan Street;
- Continue SOUTH on Ben Jabber street;
- Enter the Bab Tajoura traffic circle, exit via the SECOND (2nd) exit and continue SOUTH on Al Hani Road, continuing straight through the next traffic light intersection (Al Hani and cemetery roads) and onward to Ras Hasan Street;

- At the Ras Hasan and Sidi Almasry traffic intersection with a traffic light (A/K/A: “The Cop in the Box” intersection) turn RIGHT to head NORTH on Jraba street;
- Continue NORTH, driving past the Libyan-Swiss Clinic and Villa Annex, to the Ben Ashour four way traffic light intersection (A/K/A: “Unfinished Mosque” intersection). At the intersection, turn RIGHT (east) towards the Jamaa Alsaqaa market.
- Take the FIFTH LEFT (north) onto a paved road with an median divider. The Saint James clinic will be on the right.



HOTEL-02: LIBYAN-SWISS HEALTH CLINIC

HOURS: Closed after 9pm Saturday through Thursday and all day Friday

Neighborhood: Jraba street

Telephone: (0)21-360-4105; (0)21-361-9693

GPS Coordinates: Military Grid Reference System
(MGRS):

N032° 52' 23"

33S US 32260

E013° 12' 25"

38642

Police dept. Ph. #Fire dept. Ph. #Ambulance Ph. #193190191

Directions from U. S. Embassy Chancery at the Corinthia Bab Africa Hotel (ECHO-01) to Libyan Swiss Clinic (HOTEL-02)

- Turn Left (North) onto the Corinthia Hotel Road continuing into the first traffic circle (the Diving Club circle).
- Exit the traffic circle via the FIRST (1st) exit (via simply bearing to the right) and continue into the next circle (seaport circle with the ocean buoy monument in the center).
- Exit the circle via the FIRST (1st) exit and continue towards the direction of Green Square with the Mediterranean Sea to your left.
- Continue on this "corniche" road (Al-Fatah Road) along the Mediterranean Sea for approximately 3 kilometers.
- You will drive past the American Cemetery located to the right upon a hillside.
- Take right side exit ramp up to the Culture Castle /Observatory bridge circle.
- Take the SECOND (2nd) RIGHT after the castle (this will be first right after the observatory with a purple crown) onto Abusita Street, past the gas station on the left and continue south to the four way traffic light intersection (WP-01). This traffic light is often not working.
- Continue SOUTH on Ben Jabber street;
- Enter the Bab Tajoura traffic circle, exit via the SECOND (2nd) exit and continue SOUTH on Al Hani Road, continuing straight through the next traffic light intersection (Al Hani and cemetery roads) and onward to Ras Hasan Street;
- At the Ras Hasan and Sidi Almasry traffic intersection with a traffic light (A/K/A: "The Cop in the Box" intersection) turn RIGHT to head NORTH on Jraba street; Continue NORTH passing through four intersections, taking the FIFTH RIGHT turn. Swiss Clinic is on the corner and the Villa Annex will be straight ahead.

LIBYAN-SWISS HEALTH CLINIC



HOTEL-03: AL-AFIA HOSPITAL / HEALTH CLINIC

HOURS: 24/7 Medical Care

Neighborhood: Tripoli International Airport

Telephone: (0)22-633-055

GPS Coordinates: Military Grid Reference System
(MGRS):

N032* 40' 27"

33S US 28811

E013* 10' 27"

16633

Police dept. Ph. #Fire dept. Ph. #Ambulance Ph. #193190191

Directions from U.S. Embassy Chancery at the Corinthia Bab Africa Hotel (ECHO-01) to the Al-Affia Hospital (HOTEL-03):

- Turn Left (North) onto the Corinthia Hotel Road continuing into the first traffic circle (the Diving Club circle).
- Exit the circle via the SECOND (2nd) exit, completing a large circle assisted U-turn to reverse direction and continue on the "corniche" road towards the El-Fatah (left) and Dat Alimad building towers (right) with the Mediterranean Sea on your right.
- Continue on the "corniche" road to enter the Altahrir (Independence) circle (A/K/A: "Stinky Circle", "Circle of Death"). Exit the circle via the FOURTH (4th) exit towards Souq Altulata. (You will drive past the first exit to Gargarash, the second exit also to Gargaresh and the third exit/up ramp to Gorgi).
- Follow the road to the end as it bends to left along the Mjanin river. Road ends at a T-intersection with the "Revolutionary Compound" directly ahead.
- Take a right at the intersection keeping the compound to your left.
- Continue to the end of the road, bearing off to the right and merging on to the airport road.
- Continue driving south for approximately 20 Kilometers. You will drive through a four way intersection with a traffic light and rectangular monument with water running down steps before driving under three bridges. Off to the left of the first bridge you can observe a fuel farm containing multiple storage tanks (A/K/A: dinosaur eggs.) Off to the left immediately prior to passing under the second bridge you can observe a concrete block tower with antennae on top.
- Immediately after passing under the 3rd bridge bear to the right and exit onto the "Swani Road". This 3rd bridge is the last bridge before Tripoli International Airport.
- Continue driving to a traffic light at a major traffic intersection. Take a RIGHT onto Essbahiaa road. You can observe a large water tower with a spiral staircase off to the right of the intersection.
- Continue for approximately 2 kilometers. Al-Affia will be on the left. A horseshoe driveway rises up to the front door. Continue down to the break in the road to make a u-turn to reverse direction.

Al-Afia Hospital

